## **Town of Moncks Corner**

## **Permit Application**

Permit #\_\_\_\_

(PRINT TYPE ABOVE- Electrical, Plumbing, HVAC or Gas)

Print <u>Neatly</u> or Type	Issue Date
Job Address	Date
	TMS # (Required)
Applicant(if different from Owner)	
(if different from Owner) Applicant Address Street	State Zip
	State Zip Fax # (
20	'ype
	Tons of A/C
Contract amount \$	
	I hereby certify that all the information given on this appli- cation for a building permit is factual. Any misrepresentation given by the applicant can result in delaying the progress of the job and forfeiture of the permit.
Building Department Use Only  Building Permit Number  Administrative Fee \$ 20.00	I have supplied a list of sub-contractors working on the job. It is the contractors responsible to insure that all sub-contractors have the appropriate business or professional licenses. Failure to do so could result in shutting the job down and delaying the Certificate of Occupancy.
Permit Fee \$	Contractor / Owner Signature Date
Permit Approvals	OWNER  I the owner am acting as the general contractor on this project and will abide by all the rules and regulations just as a licenses
Zoning	contractor would. I understand that the building department can
Building Dept Signature Da	tractor.
	Owner Signature Date

NOTE: All Permits shall become INVALID if: 1. Work has not commenced within 180 days of issue date OR 2. Work is suspended or abandoned for a period of 180 days after the time work is commenced.